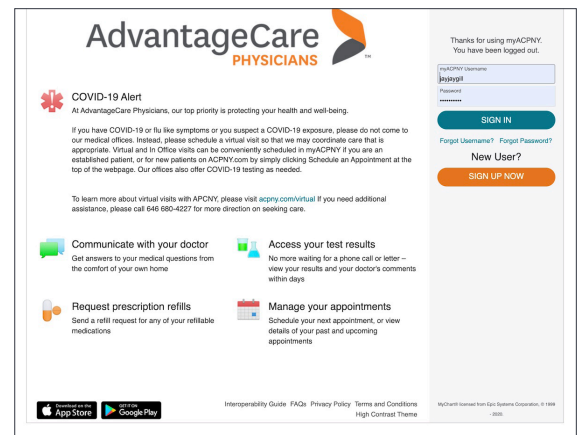


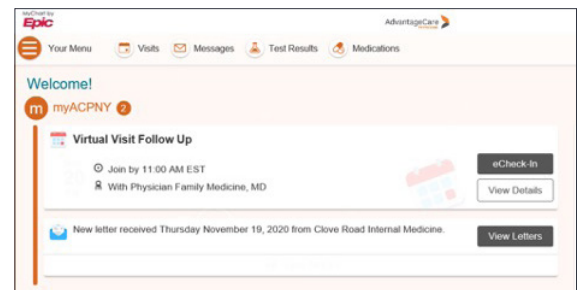
PATIENT INSTRUCTIONS FOR VIRTUAL VISITS **Computer**

AdvantageCare Physicians has partnered with Zoom, a trusted technology platform, to deliver patients access to virtual visits with their provider when in-person office visits are not possible or necessary. This guide is designed to help you prepare for and conduct your visit **on your computer**.

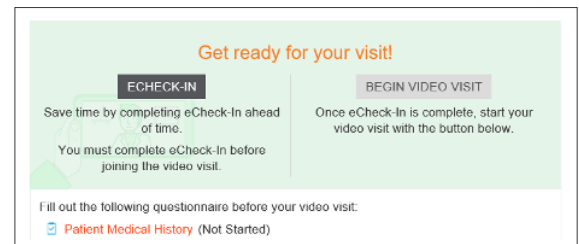
1. Up to 30 minutes prior to your virtual visit, sign in to your myACPNY patient portal account.



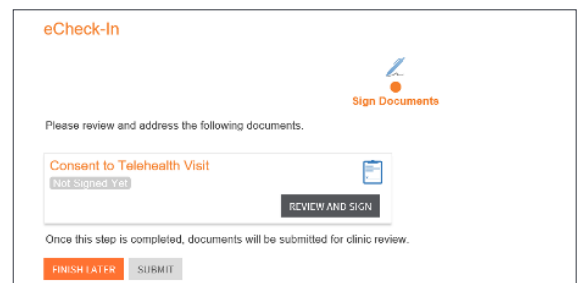
2. Click **View Details** for your virtual visit.



3. Click **eCheck-in** to begin the check-in process.



4. Complete all eCheck-in steps, including the Consent to Telehealth Visit document. To sign this document, click on **Review and Sign**.
The Consent to Telehealth Visit document must be signed to receive telehealth services from AdvantageCare Physicians.



VIRTUAL VISITS: COMPUTER

5. To complete the Consent to Telehealth Visit document:

1. Check the **I Accept** box.
2. Click the signature box to sign.
3. Enter your myACPNY password to authenticate your digital signature.
4. Click **Continue**.

Consent to Telehealth Visit
Please read below and click to **ACCEPT**
You are consenting that you have chosen to participate in this provider visit utilizing this technology and that you understand your rights in relation to this visit type as listed below.

Your rights in relation to the telehealth visit

- Have the right to refuse to participate in services delivered via telehealth and it may be made aware of alternatives and potential drawbacks of participating in a telehealth visit versus a face-to-face visit.
- Are informed and made aware of the role of the practitioner at the distant site, as well as qualified professional staff at the originating site who are going to be responsible for follow-up or ongoing care.
- Are informed and made aware of the location of the distant site and all questions regarding the equipment, the technology, etc., are addressed.
- Have the right to have appropriately trained staff immediately available to them while receiving the telehealth service to attend to emergencies or other needs.
- Have the right to be informed of all parties who will be present at your visit of the applicable experiences, and
- Have the right to select another provider and be notified that by selecting another provider, there could be a delay in service and the potential need to travel for a face-to-face visit.

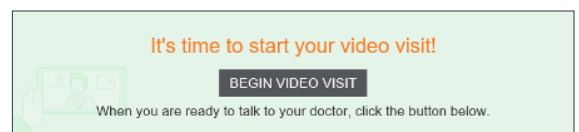
I Accept

Signature of Patient or Patient's Representative: _____

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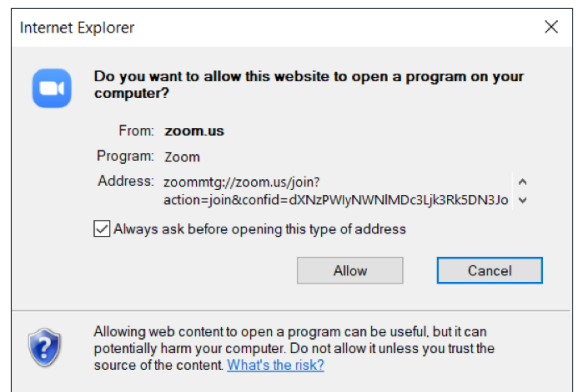
To submit this document, please enter your myACPNY password.
Password: _____

6. Next, click on **Begin Video Visit**.

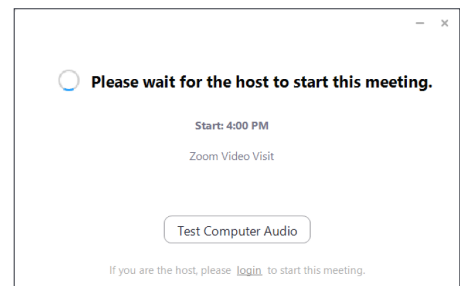


7. You will receive this pop-up. Click **Allow**.

If you do not receive this pop-up, you must disable your pop-up blockers in your browser.



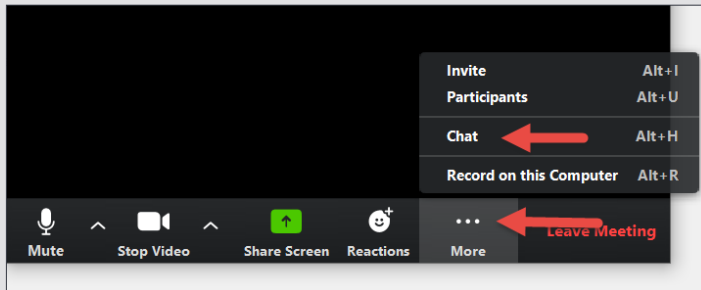
Please wait for the provider to join the conference at the following prompt.



VIRTUAL VISITS: COMPUTER

CHAT FEATURE

Patients and providers will also be able to utilize the **Chat** feature on the computer video conference by accessing the **More** menu and choosing **Chat**.



A chat box will appear to the side of the video session where you can chat via text with your provider.

